Authorization is hereby given to dispense the generic equivalent unless otherwise indicated by the physician.

DO NOT USE	POTENTIAL PROBLEM	**USE INSTEAD**
U (unit)	Mistaken for "O" (zero), the number "4" (four) or "cc"	Write "unit'
IU (International Unit)	Mistaken for "IV" (intravenous) or the number "10" (ten)	Write "International unit'
Q.D. QD, q.d. qd (daily) Q.O.D. QOD, q.o.d. qod (every other day)	Mistaken for each other. Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"
Trailing zero (X.0 mg) Lack of leading zero (.X mg)	Decimal point is missed	Write "X mg" Write "O.X mg"
MS, MS04, and MgSO4	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

Date	Time	**SPINE SURGERY POST-OPERATIVE ORDERS** (If selection is needed, please check box)
		☐ **Admit to inpatient status** ☐ **Place in outpatient status** ☐ **Place in outpatient status and begin observation services**
		1. Diagnosis: _____
		2. Procedure: _____
		3. Vital Signs and neurochecks every _____ hour x _____, then every _____ hour.
		4. Diet: ❑ Regular ❑ NPO ❑ Other: _____
		5. Cervical collar and lumbar brace: ❑ wear all the time ❑ when out of bed ❑ for comfort
		6. Activity: ❑ bedrest ❑ out of bed after _____ (time) ❑ ad lib ❑ out of bed with assist
		❑ head of bed at _____ degrees ❑ head of bed ad lib
		7. PT consult for _____ .
		8. Incentive spirometry every 2 hours while awake.
		9. Bilateral TEDS/SCDs.
		10. I/O per every 8 hours on MST/PCU or every 1 hr in ICU.
		11. Urinary Catheter:
		❑ Remove Foley catheter in am.
		12. IVF _____ at _____ ml/hour. Decrease to KVO when tolerating fluids.
		Medications:
		13. Acetaminophen (Tylenol) 325 mg PO PRN mild pain, headache and T>101. May give per rectum if unable to tolerate PO.
		14. Hydrocodone/Acetaminophen (Norco) 10/325 milligrams 1 tab PO every 6 hours PRN pain, 2 tabs PO every 6 hours PRN pain score greater than 7. Do not exceed 7 tabs in 24 hours.
		15. Methocarbamol (Robaxin) 750 milligrams PO TID.
		16. Famotidine (Pepcid) 20 milligrams PO BID.
		17. Docusate 100 milligrams PO BID PRN constipation.
		18. Antibiotic Medications:
		❑ Cefazolin 2 grams IVPB every 8 hours x 3 doses, including pre-op dose.
		❑ Clindamycin 900 milligrams IVPB every 8 hours x 2 doses, **if allergic** to beta-lactams.
		❑ Vancomycin 15 milligrams/kg IVPB x 1 dose **if MRSA positive/unknown AND allergic to beta-lactams** Give 12 hours after the pre-op dose.
		19. Ondansetron (Zofran) 4 milligrams IV/PO every 4 hours PRN for nausea and vomiting.
		20. Promethazine (Phenergan) 12.5 milligrams IV every 6 hours PRN if nausea and vomiting not relieved by Zofran.
		21. Mupirocin (Bactroban) 2% ointment to both nares BID x 5 days.
		22. AM Labs: CBC with differentials, CMP.
		23. X-Ray: AP/Lateral: _____.

Allergies & Sensitivities ☐ NKA

Physician Signature Date Time

LAS COLINAS Medical Center
6800 North MacArthur • Irving, Texas 75039
972-969-2000

PATIENT IDENTIFICATION

SPINE SURGERY POST-OPERATIVE ORDERS

* P O S *